

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001021

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 114 Primary Registration District No. 5432 Registrar's No. 12

FILED FEB 13 1963

VS 300
Rev. 4/59

1 0360
2 4000
3
4 0
5 2
6
7 0
8 0
9 196-2
10
11
12 91-0
13 4-0

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MERAMEC</u>		Length of stay in 1b	c. CITY OR TOWN <u>St. Louis</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R. R. 2</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>12505 ALLEN LANE</u>
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>B.</u> Last <u>Rosenburg</u>		4. DATE OF DEATH Month <u>1</u> Day <u>27</u> Year <u>63</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-4-1885</u>
9. AGE (last birthday) <u>77</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sheet metal Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sodeman Htz. A.C.</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>William B. Rosenburg, Sr.</u>	
13b. MOTHER'S MAIDEN NAME <u>Rose Beginger</u>		14. NAME OF HUSBAND OR WIFE <u>Esther H. (Deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Evelyn Murray Rt. 2, Sullivan, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Malignant Chordoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>1/21/63</u> to <u>1/27/63</u> and last saw her alive on <u>1/27/63</u> Death occurred at <u>11:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John J. Deane, M.D.</u>		22b. ADDRESS <u>Suepway, Mo</u>	22c. DATE SIGNED <u>2/11/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>1-29-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Louis Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>
24. FUNERAL DIRECTOR <u>Keigham and Sons</u>	ADDRESS <u>St. Louis</u>	25. DATE RECD. BY LOCAL REG. <u>Feb. 11, 1963</u>	26. REGISTRAR'S SIGNATURE <u>William Cowan</u>

USE BLACK INK OR TYPEWRITER RIBBON

1968 F T 1011

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

James R. Quinn

Licensed Embalmer No. 4527

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.